STI/HIV PREVENTION (SHIP) PROJECT FOCUS ON

PARTNERSHIP DEFINED QUALITY:
Quality of STI/HIV Services As Defined by Female Sex Workers and Health Care Providers in Tbilisi

Partnership Defined Quality (**PDQ**) is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. PDQ links quality assessment and improvement with community mobilization.

Why PDQ? - A goal of the SHIP Project is to reduce the rate of transmission of STI/HIV in targeted urban locations of Georgia. One method to accomplish goal is improving the availability, access, and quality of health care and counseling services provided to STI/HIV high-risk groups, such as female sex workers (FSWs). However, to address sustainable improvements in STI/HIV health care services, such as diagnosis and treatment, requires the participation of not only health care providers (HCP) but also FSWs. Reducing the transmission of STIs and HIV in Georgia requires that each group understand and appreciate the viewpoint of the other. The reason why the SHIP is examining the issue of "quality" of STI/HIV services from the perspectives of both groups is that:

- *Different communities may have their own perceptions and values of what is acceptable and satisfactory service, which they use to define "quality"; and*
- *Dissimilar perceptions and values of STI/HIV services can cause delays in FSWs seeking and receiving appropriate testing and treatment;*
- *When FSWs and HCPs understand and appreciate the other's perceptions of quality STI/HIV care, these services are more effective; and*
- *Improved quality STI/HIV services can lead to increased access and utilization of these services and ultimately, and potentially to a reduction in the transmission of STIs and HIV.*

In the SHIP project, one approach to STI/HIV prevention among FSWs is the involvement and action of FSWs, and not only HCPs, in the improvement of STI/HIV services. By having each group express their expectations and viewpoints of STI/HIV services is an initial beginning in the quality improvement of these services. As STI/HIV services improve then it is likely that prevention will improve.

Defining Quality - The definition of "quality" is not fixed; it comes from peoples' own understanding of their needs, expectations, rights and responsibilities. All too often quality health care has concentrated on only the perspectives of HCPs. However, in the SHIP project, the beliefs is that an important step in improving STI/HIV services is to understand the different perspectives of FSWs and HCPs regarding their description of quality STI/HIV care services. To this end, meetings were held separately with FSWs and HCPs to explore their ideas in an open and relaxed forum. With FSWs a set of focus groups were held, whereas with HCPs a focus group was held as well as in-depth interviews. In each of these forums, probing questions were used to explore impressions, expectations and practices of STI/HIV services, and what should be some criteria for poor/ good quality services. A tape recording was made of each forum discussion from which detailed transcripts were made.

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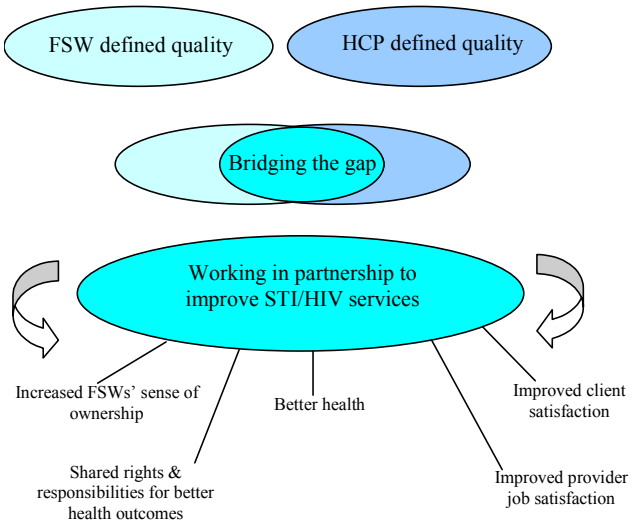
Figure 1: The Partner Defined Quality Process.



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From the transcripts a list was made of descriptive words and phrases were obtained. These descriptive words and phrases were then organized into basic issues and themes.

Initial Findings - The fundamental themes of quality STI/HIV services that emerged from the focus groups with FSWs, and the focus groups and in-depth interviews with HCPs, were: 1) FSW - HCP interpersonal relations 2) costs related to testing & treatment 3) information and awareness, 4) diagnosis and treatment, 5) underserved clients, and 6) types of outreach services.

Interpersonal Relations – the nexus between a HCP and FSWs is one of the most basic relations in STI/HIV prevention. Some issues that were highlighted about HCP/FSW relation were a) the lack of openness, b) distrust and c) fear.

FSWs repeatedly mentioned that one aspect of quality they look for in a HCP is "*an honest person who is not afraid to tell you something.*" When going for testing or treatment, however, all too often FSWs revealed experiences of feeling "*unwelcome,"* being treated "*harsh,"* and with "*disrespect*." One FSW told about one clinic "*with arrogant people who deliberately made things worse than they really* are." Possibly worsening this situation several HCPs seemed uncomfortable speaking with FSWs about high-risk behaviors and the signs or symptoms of STIs. When a general HCP was asked about specific high-risk behaviors of their patients, he stated, "*I've never talked with my patients about things like that; and they would never tell you this."* Another HCP stated, "*Unless she* [FSW] *wants to tell you anything about her sex life. We never ask information about that."*

Several HCPs stated that when such conversations due occur it must be initiated by the FSW. One FSW report that once when she had such a conversation "*he* [the doctor] *said something in medical terms that I didn't understand.*" The hesitancy of HCPs to discuss such issues with FSWS, and the perception of FSWs that many HCPs are unwelcoming or arrogant, results in FSWs being less willing to ask questions or start a discussion about their concerns.

Although few, there was a case when the relation between the FSW and the HCP was quite open. One FSW described her relationship with a HCP as "*I can sit before her in her office and open my heart to her, telling her everything I'm concerned with.*"

Another important issue of quality that both groups raised was that of trust. FSWs mentioned their skepticism of HCPs honesty in providing STI/HIV services. FSWs spoke about HCPs charging for tests that should be free, or for requesting additional tests that were unnecessary. One FSW reported "*There* [a particular clinic] *they tell everybody they found syphilis in the blood...they have a target to meet...this is taken into account on their performance assessment and salary increases."* Another FSW immediately replied, "*We are told that one* [injection] *is free and the rest you must pay for. But, I know all injections are free. This money gets into their pockets.*" Another issue of distrust involved the number of tests and conformation. A FSW said, "*When I came for my results they said they were wrong and asked me to go for a retest [confirmation].*" A different FSW stated, "*We should be given accurate results. We should not be asked to give them extra money and they should not lie to us."* In regard to payments, one FSW exclaimed, "*They ask us to keep secret that they charge us for injections."* Finally, one FSW declared, "*That's why we are so doubtful about everybody. We do not believe them even when we are told the truth. It may happen that you don't believe them and you stay ill.*"

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From the HCPs' perspective the lack of trust between them and FSWs is the result of a variety of reasons. One reason for distrust was that, due to the lack of funding, many clinics lack basic supplies. A HCP said, "*We do not even have enough gloves for examination, and so we must ask our patients to buy them. When you ask them to buy things patients loose trust in the physician.*" Another reason, from the perspective of a HCP, for why distrust occurs is due to HCPs sometimes requesting a test be repeated, and which requires additional payment. One HCP admitted that a confirmation test is sometimes necessary due to "*reasons such as tests are expired or someone in the laboratory made a mistake.*" Furthermore, distrust between HCPs and FSWs escalates when, as one HCP reported, "*Physicians are not allowed to treat patients anonymously, and this makes a lot of problems. Often patients do not want to register their names.*" Finally, FSWs are occasional told, or what they believe is, discrepant information about testing, confirmation tests and treatment. As one HCP explained, "*The main complaints of our clients* [FSWs] *are the prices of services and false diagnosis. Sometimes patients go from one physician to another receiving different tests and being prescribed different treatment, and people don't know what to do.*"

A less frequently talked about issue, but nonetheless important one for HCP and FSW relation, was that of fear. Each group spoke about the fear of being infected with HIV from the other. FSWs were fearful of equipment used in the clinics were not clean and sterilized regularly and could be contaminated. When

asked about the clinic conveniences, one FSW said, "*We don't care about this. What we care about is that everything should be clean…everything sterile.*" Even one HCP stated, "*They* [FSWs] *are afraid that they will become infected in medical institutions. That's why they often ask us to show them medical instruments to make sure that they are sterilized.*"

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When HCPs were asked if they had been tested for HIV one replied, "*Yes, I have. And like others, I was afraid that the result would be positive.*" Another HCP said, "*No, I haven't. It's not due to fear but rather self-confidence. I don't think I've ever broken the safety principles; but, perhaps it's worth thinking about.*"

STI/HIV Testing & Treatment Costs - There was confusion among the FSWs on which STI/HIV services are free and which require payment. When discussing costs for testing, FSWs as well as HCPs stated that the payment depends upon if the client comes to the clinic voluntarily or is forcefully brought by the police. One HCP stated, "*if you voluntarily want a test, you have to pay*" and a FSW when asked if paid for her tests recently responded, "*No, the medical service was free of charge. The police took me there*." HCPs reported their frustration over testing and its costs. One HCP declared, "*I can not do an adequate number of tests because they are not free.*" Another HCP reported about her clinic, "*We don't do such test. So, we recommend our patients to apply to specialized institutions to take such tests.*" All too often then, FSW cannot afford the time, travel and expense of tests at these specialized institutions.

In seeking treatment for an STI, one FSW said, "*I was told one injection is free and the others I must pay for. But, I know that all injections are free.*" Another FSW reported, "*I was told the treatment is not free. None of the injections are free. I was asked to pay 6 Lari* (approximately $3 USD) *per injection.*" Another FSW exclaimed, "*Medication is expensive, 17 or 18 Lari. How can we stretch our money to pay this much?*" at which another FSW reported "*I had Trichomoniasis and the medication cost me 45 Lari; I paid 15 Lari per week for three weeks.*"

For HCPs the quality of STI/HIV services is linked with adequate financing. One HCP clearly articulated this issue: "*In my opinion, adequate STI services means correct diagnosis, treatment and prevention of transmission. We can make tests, but they are very expensive.*" As mentioned earlier, one HCP reported that often she did not have gloves for examinations. All too often the HCPs spoke about a double bind in wanting to treat FSW for free but that due little financing, they had to charge for various services. One HCP mentioned, "*…the Chief doctor does not allow us to make examinations free of charge. Sometimes physicians do their work for free but without laboratory test or medications.*"

Both FSWs and HCPs agree that testing and services must be free or involve only a nominal fee, otherwise distrust will continue. As one FSW stated, "*If the treatment is free and they tell you have something, it must be true because doctors will not want to bother with treating you"* to which another FSW replied, "*Yes, it should be free. Otherwise, they are interested in earning some extra.*" One HCP stated, "*Presently in Georgia very few people can afford a qualified medical assistance, not to mention further medical care. For this reason, they only ask for medical assistance when they have no choice.*"

STI/HIV Information and Awareness - FSWs and HCPs agreed most upon the types of information that should be available and the means by which this information should be disseminated. The information should include, "*what are STIs and HIV/AIDS, what behaviors put them at risk, how the infections can be transmitted, how to avoid it, and what dangers are expected from them."* Another HCP suggested, "*…they* [FSWs] *should receive information about how HIV is transmitted, clinical symptoms, what medicines are available and how they help. At the same time, anonymity must be ensured and consultation must be held in a comfortable environment to reduce their fears.*" Finally, both FSWs and HCPs mentioned that more information is needed on which tests and treatments are free and which are not, and for those that are not free what are the established costs.

The dissemination of STI/HIV was also discussed or willingly mentioned. One FSW discussed a particular clinic that impressed her very much. She stated, "*…the doctor was busy so we had to wait outside. But there was a sofa in a separate room…a waiting room with a small table for informational magazines so that people were not bored waiting.*" Many of the FSWs discussed the use of booklets, informational magazines and newsletters that could be in waiting rooms, given to them at the clinics or in the street. Others mentioned having radio and TV programs. One FSW suggested, "*it should be printed on the condom package-- what should be done before sex, why do we need condoms and such stuff.*" HCPs mentioned that FSWs primarily receive information about STIs and HIV from, as listed by one HCP "*each other, neighbors, family doctors, relatives and friends.*" One general HCP mentioned, "*When they come to us we give them all the information they are asking for. There is a web page called 'Patient's*

Education.' We have prepared booklets based on the information found there and our family doctors distribute them to the patients."

Another means that FSWs spoke about receiving information was through counseling, both pre- and post-testing. When asked about consultation one FSW referred to consultation she had received at one clinic but had not received at any other clinic. She was especially emphatic that consultation should occur before testing, "*We should know what follows, right?*" Another FSW responded, *"I would like s/he to start the conversation first and not by asking questions.*" One FSW added, "*They should show true sympathy. To feel s/he really cares about your protection and tells you things that you need to know, how to act, what to do.*" Another FSW, when discussing her return to a clinic to find out about her test result said, "*At this time one needs counseling even more!*"

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STI/HIV Diagnosis and Treatment - When asked if the World Health Organization's (WHO) guidelines are an adequate guide for treatment, many HCPs said no. One HCP answered, "*In other countries it may work, but in Georgia self-treatment with antibiotics without a prescription is common. And, thus, we have very high level of resistant. The dosage and duration of treatment is not enough* " Another HCP added, "*How can you mange STIs in Georgia with WHO guidelines when the person has take numerous drugs prior to visiting the physician?"* To this response another HCP replied, "*In some cases WHO guidelines may work, but in the case of Trichomoniasis and Clamidiosis, it never works.*"

Underserved STI/HIV Clients - Both FSWs and HCPs mentioned that street children were some of the most underserved population. As one FSW reported, "*They have sex in exchange for vodka. These are 15 to 19 year old girls...they don't have houses and shelters, and thus sleep in the street...Older men like younger girls.*" Another HCP explained, "*Health services are not adequate for teenagers. They are a very vulnerable group since they have no money, they do not want to be seen entering a 'stigmatized' facility, and they are very ashamed to discuss their problem.*"

Potential STI/HIV Service Outreach - In the attempt to reach street children, as well as hard to reach FSWs, as well as the general population one HCP suggested "*the creation of mobile groups of gynecologists and venerologists with a small laboratory.*" For reaching teenagers in general, on HCP suggested, "*We should create 'cabinets of trust' in schools and colleges, where teenagers can received information about STIs and receive free medical treatment.*" Another HCP recommended "*development of a women's center that has a therapist, gynecologist and venerologist that can provide testing and treatment.*" FSWs were not asked nor did they mention alternative means of STI/HIV service delivery.

Common Terms Used for Quality STI/HIV Service - Some of the terms used to describe "quality" service by both FSWs and HCPs in the focus groups and in-depth interviews were: a comfortable setting, empathy, openness, anonymity, absent of stigma, nonjudgmental, trust, honesty, acceptance, voluntary testing, safety, lack of fear, professionalism, accurate, free or very low cost, easy access to information and counseling.

SUMMARY – To accomplish the SHIP project goal of improving access and utilization of STI/HIV services in Tbilisi, especially among the SHIP's Partners of Tanadgoma, Bemoni, one of the first steps is to understand the perceptions and values of both the clients and providers that inform their definitions of quality.

Resolving discrepant values and perceptions, as shown in the discussions above, can increase FSWs seeking and receiving appropriate testing and treatment, as well as improved HCP satisfaction. These focus groups and in-depth interviews are one step toward this end.

These initial findings will allow the SHIP project to work with its Partners to improve of their services and outreach activities. The next steps will involve meeting with our Partners collectively to discuss these findings in light of their current practices. Each Partner will be asked to review these issues and develop specific actions to address FSW - HCP interpersonal relations, actual and/or misunderstandings of costs related to testing & treatment, access to information and improved awareness, standards and protocols for treatment, reaching "underserved" clients of young female street children, and developing new types of outreach services. And, through the various methods, the SHIP will solicit evaluations from FSWs and HCPs to monitor improvements made in STI/HIV services of our Partners. Finally, these and subsequent findings will be used by the STI/HIV Prevention Task Force to develop policy recommendations to improve STI/HIV services in general.